

ALAN B KIDD & COMPANY LTD T/A KIDD INSURANCES

APPLICATION FOR AGENCY AS INSURANCE INTERMEDIARY

1. Full name and address of Applicant (including trading name or names where appropriate)

2. Date Founded ____/____/____ Tel No. _____ Fax No. _____ E-Mail _____

3. (i) Registered Office if different from 1. _____

(ii) If a subsidiary, please state name and address of parent company.

(iii) Branch Offices _____

4. (i) Business/Profession _____

(ii) No. of staff presently employed _____ (iii) How many hold insurance qualifications _____

(iv) Do you carry on any business other than as insurance brokers _____

5. Are you a member of a recognised representative body? YES / NO Name of Body: _____

6. (i) Have you complied with the requirements of the Investment Intermediaries Act 1995, as amended and all other relevant Acts.

(ii) Please confirm your Status as follows:

A. Authorised Cash Handler

B. Authorised Advisor

C. Multi –Agency Intermediary – Section 26 (Restricted Activity Investment Product Intermediary)

D. Multi – Agency Intermediary-Section 10 (including agreements with Lloyds Brokers and other non resident intermediaries)

7.	Who are your Directors, Principals or Partners? Full Name	Length of Service in general insurance industry	Professional Qualifications	
			Insurance	Other

8. Has any insurance company ever declined any agency application, restricted the terms or cancelled their agency with you? YES / NO. If yes, please provide details on separate sheet.

9. (i) Please give the name and address of your Bankers, Accountants/Auditors.
 (a) Bankers _____ (b) Accountants/Auditors _____

(ii) Please give details of the Bank and Branch which holds your "Section 52" Account(s)

10. Please give details of your professional indemnity insurance:-

(a) Name of Insurers: _____
 (b) Policy Number: _____ (c) Renewal Date: _____
 (d) Limit : (i) any one incident : IR£ _____ (ii) any one period: IR£ _____

11. Please provide the names and addresses of at least three other insurance companies with whom agencies are held and two other Product Producers to whom reference may be made if necessary:-

<u>NAME</u>	<u>BRANCH ADDRESS</u>

12. Have you or any Director/Principal or Partner:

- (a) been involved in liquidation/bankruptcy proceedings (on your account or on the account of any firm or company with which you or they were at the time connected as a Director, Principal or Partner) or had judgement awarded against you/them? YES / NO
- (b) failed to satisfy any debit adjudged due and payable by you or your co-Director/Principal/Partner as a judgement debtor under and order of a court in the Republic of Ireland or elsewhere? YES / NO

- (c) ever been convicted by any court in the Republic of Ireland or elsewhere or charged with but not yet convicted of any criminal offence resulting in a fine, custodial sentence or disqualification? YES / NO
- (d) been censured, disciplined or publicly criticised by any professional body to which you or your co-Director/Principal/Partner belong or been dismissed from any office or employment or refused entry to any profession or occupation? YES / NO
- (e) given any previous guarantees in connection with the business? YES / NO

13. If "Yes" to any of 12. (a)/(e) above please provide full details on separate sheet.

Please provide the following with your application:

- A. Copy of your Central Bank Authorisation**
- B. Copy of your Headed Paper**
- C. Central Bank Number**

I/WE wish to be appointed Agent(s) of Alan B Kidd & Company Limited T/A Kidd Insurances to transact insurance on the terms and conditions laid down by Alan B Kidd & Company Limited T/A Kidd Insurances from time to time. It is further warranted that should any criminal convictions occur subsequent to the granting of an agency, other than motoring offences not resulting in a custodial sentence, immediate notice is given to Alan B Kidd & Company Limited T/A Kidd Insurances. I/We undertake to inform you of any material changes in our agency conditions with other insurers including but not limited to withdrawal or cessation of agency appointments.

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____